

# Submittal of Annual Reports and other Compliance Documents for Municipal Separate Storm Sewer System (MS4) Permits

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. After 120 days your draft is **deleted**.

## Reporting Information

**Submittal Type:** Storm Water Quality Management

**Project Name:** Village of Fox Crossing Stormwater Plan of Action

**County:** Winnebago

**Municipality:** Fox Crossing, Village

**Facility Number:** 31111

**Reporting Year:** 2018

## Required Attachments and Supplemental Information

Please complete the contents of each tab to submit your MS4 permit compliance document. The information included in this checklist is necessary for a complete submittal. A complete and detailed submittal will help us review about your MS4 permit document. To help us make a decision in the shortest amount of time possible, the following information must be submitted:

### Storm Water Quality Management Submittal

- Review related web site and instructions for [Municipal storm water permit eReporting](#) [Exit Form]
- Attach the following items as appropriate
  - Modeling Files
  - Storm Water Management Report
  - Storm Water Management Report Update
  - Swale Infiltration Testing
  - TMDL Mapping
  - TMDL Modelling
  - TMDL Implementation Plan
  - Other Planning Document
- Complete all required forms and upload required attachments
- Sign and Submit form

**Municipal Contact Information- Complete****Note:** Compliance items must be submitted using the Attachments tab.**Municipality Information****Name of Municipality** Fox Crossing, Village**Facility ID # or (FIN):** 31111**Updated Information:** ☐ Check to update mailing address information**Mailing Address:** 2000 Municipal Drive**Mailing Address 2:****City:** Neenah**State:** Wisconsin**Zip Code:** 54956 xxxxx or xxxxx-xxxx**Primary Municipal Contact Person (Authorized Representative for MS4 Permit)**☐ Select to **create new** primary contact**First Name:** George**Last Name:** Dearborn☐ Select to **update** current contact information**Title:****Mailing Address:** 2000 Municipal Drive**Mailing Address 2:****City:** Neenah**State:** WI**Zip Code:** 54956 xxxxx or xxxxx-xxxx**Phone Number:** 920-720-7105 Ext: xxx-xxx-xxxx**Email:** gdearborn@town-menasha.com**Individual Responsible for Storm Water Quality Management (Optional)****First Name:****Last Name:****Title:****Mailing Address:****Mailing Address 2:****City:****State:****Zip Code:** xxxxx or xxxxx-xxxx

**Phone Number:**

Ext:

xxx-xxx-xxxx

**Email:**

## Required Attachments and Supplemental Information


Attached the MS4 compliance document for submittal here. Use the Add Additional Attachments to add multiple documents.

Upload Required Attachments (15 MB per file limit) - [Help reduce file size and trouble shoot file uploads](#)  
**\*Required Item**

**Note:** To replace an existing file, use the 'Click here to attach file ' link or press the to delete an item.


### Attach Documents

#### SWQM\_TMDLImpPlanFIN

 File Attachment


[2018-08-22Village-WideSWQualityManagementPlan01.pdf](#)

#### SWQM\_TMDLImpPlanFIN

 File Attachment


[2018-08-22Village-WideSWQualityManagementPlan02.pdf](#)

#### SWQM\_TMDLImpPlanFIN

 File Attachment

[2018-08-22Village-WideSWQualityManagementPlan03.pdf](#)

#### SWQM\_TMDLImpPlanFIN

 File Attachment

[2018-08-22Village-WideSWQualityManagementPlan04.pdf](#)

(To remove additional items, use your cursor to hover over the attachment section. When the drop down arrow appears, select remove item)

## Sign and Submit Your Application

### Steps to Complete the signature process

1. Read and Accept the Terms and Conditions
2. Press the Submit and Send to the DNR button

**NOTE:** For security purposes all email correspondence will be sent to the address you used when registering your WAMS ID. This may be a different email than that provided in the application. For information on your WAMS account click [HERE](#).

### Terms and Conditions

**Certification:** I hereby certify that I am an authorized representative of the municipality covered under Fox Crossing, Village MS4 Permit for which this annual report or other compliance document is being submitted, and that the information contained in this submittal and all attachments were gathered and prepared under my direction or supervision. Based on my inquiry of the person or persons under my direction or supervision involved in the preparation of this document, to the best of my knowledge, the information is true, accurate, and complete. I further certify that the municipality's governing body or delegated representatives have reviewed or been apprised of the contents of this annual report. I understand that Wisconsin law provides severe penalties for submitting false information.

Signee (must check current role prior to accepting terms and conditions)

- ☐ Authorized municipal contact using WAMS ID.
- ☒ Delegation of Signature Authority ( Form 3500-123 ) for agent signing on the behalf of the authorized municipal contact.
- ☐ Agent seeking to share this item with authorized municipal contact (authorized municipal contact must get WAMS id and complete signature).

#### Delegation of Signature Authority

 File Attachment

[FoxCrossingMS4DelegationofSignature.pdf](#)

Submission of this form constitutes notice by the authorized municipal contact that the person electronically signing the MS4 eReport is authorized to do so on behalf of the authorized municipal contact. [Please download form 3500-123](#) and sign and attach it above..

Authorized Signature.

Signed by : i:0#.f|wamsmembership|aschmidtmc on 2018-11-16T15:27:25

- ☒ I accept the above terms and conditions.

**You have already signed and submitted this application to the DNR.** Please [contact the Wisconsin DNR](#) for assistance.

After providing the final authorized signature, the system will send an email to the authorized party and any agents. This email will include a copy to the final read only version of this application.